

**From:** Washington Metropolitan Area Transit Commission [administrator@wmatc.gov]  
**Sent:** Thursday, January 19, 2012 2:36 PM  
**To:** Chris Aquino  
**Subject:** 2012 Annual Report - WMATC No: 676, Carrier Name: RMA Coach, LLC  
**Attachments:** 4f1870b6aa20a-WMATC - RMA Coach #676 2012.xls

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**Washington Metropolitan Area Transit Commission**  
**2012 Carrier Annual Report Form**

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**NEW THIS YEAR:**

- Annual reports can now be filed online at [www.wmatc.gov](http://www.wmatc.gov). Annual fees can also be paid online using a credit or debit card. Your username and password is required to access e-filing.
- Carriers holding U.S. Department of Transportation authority must now indicate their USDOT number. Also, carriers must indicate whether each vehicle in their fleet is equipped with a wheelchair lift or ramp.

**FILING INFORMATION:**

- Each carrier holding a WMATC certificate of authority on January 1, 2012, must file a complete 2012 annual report and pay a \$150 annual fee on or before **January 31, 2012**. To be timely, the report and fee must be received at WMATC's office by 4:30 p.m. (or submitted online by 11:59 p.m.) on this date.
- Incomplete annual reports will not be accepted. All fields marked with an asterisk (\*) must be completed. If any information is missing or incorrect, make all necessary corrections.
- Each carrier that fails to file a complete annual report on time will be assessed a **late fee** pursuant to Regulation No. 67-03. Each carrier that fails to pay the \$150 annual fee on time will be assessed a separate **late fee**.
- The WMATC operating authority of each carrier that has not filed a complete annual report and paid its annual fee and any assessed late fees will be automatically suspended effective May 1, 2012.
- Filing an annual report containing false information, or omitting information, may result in the assessment of a civil forfeiture.

## **1. ANNUAL REPORT OF:**

**WMATC No.:** 676

**USDOT No.:**

**Name of Carrier (as shown on certificate of authority):** RMA Coach, LLC

**Trade Name:**

**Principal Place of Business**

**Street Address:** 6010 Executive Blvd. Suite 101

**City:** Rockville

**State:** MD

**Zip:** 20852

**Mailing Address (if different from street address)**

**Street:**

**City:**

**State:**

**Zip:**

**Telephone Number:** (301)231-6555

**Other Telephone:**

**Fax Number:** (301)231-9677

**E-mail:** [dnock@rmalimo.com](mailto:dnock@rmalimo.com)

## **2. CARRIER CONTACT PERSON** (at mailing address to whom we should direct inquiries):

**Name:** David R. Nock

**Title:** Vice President

**Telephone Number:** (301)231-6555

**Other Telephone:**

**Fax Number:** (301)231-9677

**E-mail:** [dnock@rmalimo.com](mailto:dnock@rmalimo.com)

## **3. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS**

\*(Complete section 3 only if the principal place of business in section 1 is outside the Metropolitan District):

The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see [www.wmatc.gov](http://www.wmatc.gov).

**Name of Registered Agent for Service of Process:**

**Agent Address:**

**City:**

**State:**

**Zip:**

**Telephone Number:**

**E-mail:**

**4. \*CHANGES:** Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the

carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

**5. \*LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** Choose one, and **only one**, of the following two options: (1) list your vehicles below; **or** (2) upload your own complete vehicle list. Include **all** required information.

Fleet No.	Year	Make	Vehicle VIN	License Plate	State	Seating Cap.	Wheel Chair

**\*Your vehicle list was attached to your submission.**

**6. \*CERTIFICATION:**  
I certify that this report, including any attachments, was prepared by me and under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

**Name:** David R. Nock  
**Title:** Vice President  
**Date:** 01/19/12

# RMA Coach LLC Certificate #676

RMA ID	YEAR / MAKE / PASS #	MINIBUSES	MD PLATE	VIN NUMBER
B4157	2005 KRYSTAL (FORD) 32		014P56	1FDAF56P85EC73097 ✓
B4158	2005 KRYSTAL (FORD) 32		014P57	1FDAF56PO5EC89133 ✓
B4159	2007 KRYSTAL (INT.) 36		014P58	1HVBTAAM57H455763 ✓
B4700	2007 FORD ECONOLINE LIMO BUS 14		10035P	1FDXE45P17DA69680 ✓
B4801	2008 KRYSTAL (CHEVY) 32		009P35	1GBG5U1978F410358 ✓
B4802	2008 KRYSTAL (CHEVY) 32		009P36	1GBG5U1988F409946 ✓
B4803	2008 KRYSTAL (CHEVY) 32		009P37	1GBG5U1958F411962 ✓
B4804	2008 KRYSTAL (CHEVY) 32		009P38	1GBG5U1908F410282 ✓
RMA ID	YEAR / MAKE / PASS #	CIRCULATOR BUSES	MD PLATE	VIN NUMBER
4104	2011 EL DORADO EZ RIDER		10116P	00127B5818E8
4105	2011 EL DORADO EZ RIDER		10115P	00127B5845F1
4106	2011 EL DORADO EZ RIDER		10114P	00127B5818CE
RMA ID	YEAR / MAKE / PASS #	BLUE BIRD BUSES	MD PLATE	VIN NUMBER
4910	2001 FORD TRANS STAR 26		089-06P	1FCNF53S510A15531 ✓
4912	2009 ELDORADO EZRIDER 31		21743K	1N9MNA1AC084117 ✓
4197	1997 CHEVY GOSHEN 24		9AG1323	1GBLP37N5T3311569